



## Claim Account Deposit Form

Name of Depositor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Deposit to Account (please list full ownership EXACTLY as it appears in the USTA):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bookkeeper Use Only (Incompass Accounts)**

**Mailing Address:**  
Downs Racing, L.P.  
Mohegan Sun Pocono  
Attn: Horseman's Bookkeeper  
1280 Highway 315  
Wilkes-Barre, PA 18702

**Email Address:**  
horsebook@mohegansunpocono.com  
**Phone:** 570-831-3561  
**Fax #:** 570-824-9036